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PTO/SB/50 (4/98)  
Approved for use through 09/30/2000. OMB 0651-0033  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

Attorney Docket No.	F0375DT-US
First Named Inventor	Harry R. Layne
Original Patent Number	5,649,391
Original Patent Issue Date (Month/Day/Year)	07/22/97
Express Mail Label No.	

APPLICATION FOR REISSUE OF:  
(check applicable box)



Utility Patent



Design Patent



Plant Patent

### APPLICATION ELEMENTS

- ☒ \* Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
- ☒ Specification and Claims (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath / Declaration (original or copy)  
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
- Original U.S. Patent  
☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)  
(PTO/SB/53 or PTO/SB/54)  
or  
☐ Ribboned Original Patent Grant  
☐ Affidavit / Declaration of Loss (PTO/SB/55)
- Original U.S. Patent currently assigned?  
☒ Yes ☐ No  
(If Yes, check applicable box(es))  
☒ Written Consent of all Assignees (PTO/SB/53 or 54)  
☒ 37 C.F.R. § 3.73(b) Statement ☒ Power of Attorney

### ACCOMPANYING APPLICATION PARTS

- ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
- ☒ \* Small Entity Statement(s) ☐ Statement filed in prior application,  
(PTO/SB/09-12) Status still proper and desired
- ☒ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- ☒ Other: Request to Transfer Drawings

\* NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

### 14. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

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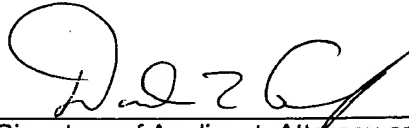
or ☒ Correspondence address below

Name	David L. Tarnoff Shinju Global IP Counselors, LLP				
Address	1233 Twentieth Street, NW Suite 700				
City	Washington	State	DC	Zip Code	20036
Country	USA	Telephone	(202) 293-0444	Fax	(202) 293-0445

NAME (Print/Type)	David L. Tarnoff	Registration No. (Attorney/Agent)	32,383
Signature	<i>David L. Tarnoff</i>	Date	2/26/99

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) F0375DT-US		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 17	Total Claims (37 CFR 1.16(j))	(B) 27	**** 10 =	x \$ 9 =	90	or	x \$ ____ =	
(C) 2	Independent Claims (37 CFR 1.16(i))	(D) 5	*3 =	x \$ 39 =	117		x \$ ____ =	
Basic Fee (37 CFR 1.16(h))					\$380		\$ ____	
Total Filing Fee					\$587	OR	\$ ____	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 27	MINUS	** 27	* = 0	x \$ 9 =	0	or	x \$ ____ =
Independent Claims (37 CFR 1.16(i))	*** 5	MINUS	***** 5	= 0	x \$ 39 =	0		x \$ ____ =
Total Additional Fee					\$ 0	OR	\$ ____	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancelation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>19-2042</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>587.00</u> to cover the filing / additional fee is enclosed.</p>								
<u>Feb. 26, 1999</u> Date		 Signature of Applicant, Attorney or Agent of Record						
		<u>DAVID L. TARNOFF</u> Typed or printed name						

F0375DT-US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of	:	ATTN: Box Reissue
Harry R. Layne	:	Patent Art Unit: 3621
Patent No.: 5,649,391	:	Examiner: W. Glenn Edwards
Issued: July 22, 1997	:	
For: <b>EMBEDDABLE MOUNTING DEVICE</b>	:	
<b>AND METHOD</b>	:	

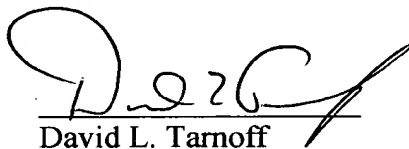
**REQUEST FOR TRANSFER OF DRAWINGS FROM THE  
FILE OF THE ORIGINAL PATENT TO REISSUE APPLICATION**

Assistant Commissioner of Patents  
Box Reissue  
Washington, D.C. 20231

Sir:

No drawing changes are being made to the original drawings. Therefore, please transfer the drawings from the file of the original U.S. Patent No. 5,649,391, filed on February 23, 1996, for the invention entitled **EMBEDDABLE MOUNTING DEVICE AND METHOD** to the reissue application, the specification of which is attached hereto.

Respectfully submitted,



David L. Tarnoff  
Attorney of Record  
on Behalf of Assignee  
Reg. No. 32,383

SHINJYU GLOBAL IP COUNSELORS, L.L.P.  
1233 Twentieth Street, N.W., Suite 700  
Washington, D.C. 20036  
(202) 293-0444  
Dated: February 25, 1999